

Purpose of this procedure:

The aim of this Procedure is to establish the framework to implement the Health and Safety, Lone Working Policy within the Organisation.

This Procedure applies to managers and staff or those working on behalf of NHS Lothian and are lone workers as defined in the Lone Working Policy.

Managers of temporary and agency staff, volunteers, students and work experience personnel will also be expected to follow the requirements contained within this Procedure.

The Procedure:

1. Risk Assessment

The hazards of lone working are:

- Violence and Aggression
- Accidents
- Onset of illness
- Emergencies
- Animals
- Vulnerability to false accusations of improper conduct
- Driving for work

These hazards are not restricted to lone working however if a person is alone the consequences of an adverse event may be more significant.

NHS Lothian recognises that staff are exposed to varying levels of risk and have varying levels of access to support due to 24/7 shift patterns, locations of work and other individual factors. To reflect this and to assist the risk assessment and risk reduction process, lone workers will be categorised with corresponding risk reductions measures.

Three strands of risk assessment should be considered:

- Generic
- Dynamic
- Clinical

1.1 Generic Risk Assessment

- The NHS Lothian Risk Assessment and Training Needs System, Violence and Aggression and Lone Working Tool (Purple Pack) must be used to help determine the actual or potential risks of violence and aggression and other risks relating to the activity of lone working. The Purple Pack should be the basis for identifying the control measures that reduce the impact of the risk and form the foundation of the service safety plan (e.g., Lone Worker education, use of technology, Safe & Well Procedures etc).
- Managers will ensure that staff are involved in and contribute to the risk assessment and risk reduction process as a minimum via the staff perspective questionnaire. This questionnaire will be distributed and returned for collation anonymously to promote meaning and for comments. The results of assessments and risk reduction strategies should be communicated to all staff and reviewed annually or in response to changes in circumstances.
- Managers should take into consideration any physical, psychological or diversity issues that may make an individual staff member more vulnerable to the risks of lone working. Short- or longer-term management strategies should be put in place to mitigate against any such risks. Staff have a responsibility to inform managers of issues that may place them at an increased risk.

Categories of Lone Worker

<p>Category 1 Lone Workers</p> <p>Risk Reduction</p>	<p>Staff who visit patients in their homes on their own out of hours and at weekends and therefore may have a greater potential to come into contact with people in crisis including mental health problems, under the influence of drugs or alcohol, with a history or violence or crime or with child protection issues.</p> <p>Staff who work in isolation within a department out of office hours and at weekends.</p> <p>Staff that may be more vulnerable to the risks of lone working due to short- or long-term medical conditions or disabilities.</p> <p>Staff working with potential hazards such as electricity or at height.</p>
	<p>Safe and Well Procedure</p> <p>Access to Lone Worker device (e.g., Reliance ID Ultra) in addition to a work mobile phone.</p> <p><i>NB. The lone worker protection product Reliance 'ID Ultra' is a mobile communications device deliberately designed as an identity card holder allowing easy wear and discreet operation by the user should they feel their safety could potentially be compromised or if they are suffering verbal abuse or attack.</i></p>

	Violence and Aggression e-learning, face to face lone worker and Lone Worker device (Reliance) education.
Category 2 Lone Workers	Staff who visit patients in their home or run clinics in buildings alone or in isolation, within office hours (Mon – Fri).
Risk Reduction	<p>Safe and Well Procedure</p> <p>Work mobile phone.</p> <p>Violence and Aggression e-learning and face to face lone worker education.</p>

1.2 Dynamic Risk Assessment

This type of risk assessment is undertaken continuously during work activities and is reactive to the changing working environment and conditions. It is not always possible to identify all of the risks in generic risk assessment therefore staff who engage in Category 1 and 2 lone working should receive education in dynamic risk assessment. This is delivered by the Management of Aggression Team.

It is essential that lone workers feel empowered to make decisions based on a dynamic risk assessment regarding the safety of working conditions. Decisions made may include withdrawing from a situation or seeking guidance from line managers before working alone.

1.3 Clinical or Patient Specific Risk Assessment

Staff must access all available past and present information regarding the patients care and treatment prior to contact with the patient. Assessing this information will potentially highlight any risks that the lone worker should be aware of.

Initial contacts should be carried out by two staff or at a location such as a clinic, health centre or outpatient department. Where this is not possible local safety plans should make explicit the procedure for monitoring the safety of the lone worker during the contact.

2. Safe and Well Procedure

The safe and well procedures set out a framework for safe management of lone workers, these procedures can be augmented with local safety plans that detail how certain risks will be managed. **Appendices A, B,C & D** give examples of a safe and well procedure(s), a diary/safe and well record along with a flowchart for each of the categories of lone worker. The flow charts will be used in all areas to form a consistent foundation for local safe and well procedures and maximise the safety of staff working alone.

All areas where staff undertake Category 1 and Category 2 lone working activities must have a written safe and well procedure detailing:

- Who works alone, which lone working category(s) they operate within and the risks that they are exposed to.

- Who will undertake the role of Safe and Well Coordinator each day and who the line manager or appropriate manager will be for each group of staff.
- The process for recording planned activities, locations and timescales and how this will be submitted to the Safe & Well Coordinator.
- The process for recording of staff personal details such as car registration, work and personal contact numbers.
- The requirement for lone worker's partner, family or next of kin to have details of who to contact in the event of a lone worker failing to return from work.
- Where appropriate, guidance in a local safety plan on specific lone worker activities that may require additional procedures.

In some areas, due to the nature of their work patterns, managers may have to implement both safe and well categories, for example, weekend working and 'on call' out with normal working hours.

Appendix E can be used to record lone working staff information and escalation contacts.

3. Technology and Safety Equipment

All staff who engage in lone working must have a means of contacting others, to check in and report changes to planned working schedules and to get help in emergencies. The safe and well procedures and local safety plans will detail how technology and safety equipment will be used to maximise lone worker safety.

Staff must use the technology or equipment as detailed in the procedure at all times as failure to comply with this requirement may lead to disciplinary action.

If there is a failure or concern regarding the functioning of safety equipment or technology this should be reported to the appropriate manager immediately and recorded as a 'near miss' using the Datix system. Where there is a loss of mobile telephone signal coverage e.g., where community visits are undertaken in more rural geographical areas these should also be monitored and reported to the Telecommunications Department for follow up and action. Where there are known geographical areas of loss of the mobile telephone signal alternative arrangements may need to be put in place based on any foreseeable risk.

Category 1 lone workers should have access to an ID Ultra device. The lone worker protection product 'ID Ultra' is a mobile communications device deliberately designed as an identity card holder allowing easy wear and discreet operation by the user should they feel their safety could potentially be compromised or if they are suffering verbal abuse or attack.

Where possible devices should be issued on an individual basis. The use of pooled i.e where devices are shared devices for staff bank or rotational staff. More information is available: [Lone Working Devices](#).

The use of lone worker technology will not prevent adverse events and should not be relied on in isolation. If used in combination with safe and well procedures, risk assessment, and training, lone

worker technology will enhance the protection of lone workers by allowing them to communicate whilst working alone and getting help in the event of an accident/incident or emergency.

Category 1 and 2 staff must also have access to mobile phones provided by NHS Lothian.

4. Education

Lone worker education is provided by the Management of Aggression Team (MAT) or via Work Based Advisors (WBA's).

Violence and Aggression lone worker education includes theoretical components such as, dynamic risk assessment, the use of the lone worker device (e.g., Identicom), de-escalation and breakaway skills tailored to the needs of lone workers.

Category 1 lone workers must complete the violence and aggression core skills e-learning module and face to face lone worker education. Lone Worker device (e.g., Identicom) education will be delivered by the equipment supplier Reliance to managers and staff.

Category 2 lone workers must complete the violence and aggression core skills e-learning and face to face lone worker education.

Education should be made available to staff which will enable them to carry out the requirements of this policy and safe and well procedures. Lone Worker refresher education should be completed every two years (minimum) or as frequently as required.

5. Amendments to Lone Working Activity

Where there is concern about the safety of lone working this must always be considered to be significant. Any information regarding an increase or change in the risks to staff should be assessed and strategies implemented to reduce risks. Strategies may include:

- Cancelling or changing the work activity until further information is available.
- Utilising alternative locations which offer safe operational systems and support.
- Working jointly with a colleague/ other agencies if there is a clear rationale as to how this will reduce risk.
- Increase in monitoring by a colleague or externally operated alarm receiving unit (ARU) for lone worker device (e.g., Identicom) users.

Local strategies for managing changes in risk such as joint working with a colleague/ other agencies should be documented in a local lone worker safety plan. The plan should be designed around the control measures in the purple pack and used in conjunction with the appropriate safe and well procedure.

6. Home Visiting

Home visiting should only be undertaken when there is a clearly defined requirement and where the delivery of care and treatment cannot be carried out in a hospital or outpatient setting.

Where there are concerns about the safety of staff, and it has been assessed and agreed that care and treatment cannot be delivered at an alternative location the staff should arrange a visit accompanied by the line manager or another appropriate professional (It may be useful to involve other professionals such as the patients G.P). The aim of the visit will be to make requirements and

expectations during the visit explicit and to discuss the potential impacts if the situation does not improve.

7. Withdrawing Care and Treatment

There may be situations in which staff are required to withdraw care and treatment on a temporary or longer-term basis due to the risks involved. All staff have the right to withdraw from a working environment or situation which they deem to be unsafe. Staff also have the right to remove themselves from situations in which they are being abused and/or discriminated against.

When a staff member has withdrawn from a working environment or situation that they deem to be unsafe, or in which they are subject to abuse and/or discrimination, this should be reported to the appropriate manager immediately to determine the next steps. In consultation with the staff member, the manager should discuss a short- and longer-term management plan to allow for safe and acceptable service delivery.

If the situation is occurring in a home setting and does not improve the safety of the visiting should be reviewed by the multidisciplinary team and a decision made regarding the future provision of care and treatment in this environment. Care and treatment should be offered at location other than the patient's home such as a medical centre or clinic if continued home visiting will compromise staff safety.

In extreme circumstances and as a last resort it may be necessary to withdraw care and treatment if the risks to staff are serious. It is fundamental that staff are aware of this option, that patients and relatives have been made fully aware of the expectations during the delivery of care, and treatment and the potential outcomes if these expectations are not met. The possibility of violence and aggression being linked to the patient's clinical condition, medication or treatment must be fully explored before considering withdrawal.

If withdrawal of care and treatment is being considered the risks that staff have been exposed to must be evidenced via DATIX reports and local documentation.

8. Lone Working and Adverse Weather

In the event of an adverse weather notification a decision should be made as soon as practicable or as early in the shift as possible as to whether the lone working parts of the service are delivered or not. Any decision must be based using risk assessment principles and processes and must involve the line manager and the member(s) of staff, taking into consideration for example the necessity of any visit and the clinical need.

9. Active Monitoring

Service and departmental managers should evaluate the effectiveness of local lone worker safety on an ongoing basis, in collaboration with the staff who work alone.

Evaluation should be undertaken with the aim of continuous improvement and responding to emerging risks.

Service and departmental managers will use regular workplace inspections, safety tours, the health and safety management system quarterly review process and the review of departmental and service purple packs to further determine the effectiveness of control measures for lone worker safety.

This information will then be provided to the appropriate management team and also the Local Health and Safety Committee. The NHS Lothian Health and Safety Committee will also receive on a regular basis an update from the various Local Health and Safety Committees on the status of the risk and compliance around the issues relating to Lone Working. This information will provide a level of risk assurance to the NHS Lothian Staff Governance Committee.

10. Reactive Monitoring

All adverse events must be recorded using the DATIX system in line with the NHS Lothian Adverse Event Management Policy and Operational Procedure

Line managers must ensure that review and investigation of adverse events is carried out and recorded. Those identified as causing major harm will be reviewed as a significant adverse event as per policy.

In order to ensure the implementation and effectiveness of this policy and associated local procedures, local statistics and incident reports should be reviewed regularly by relevant management groups and the local Health and Safety Committees.

Line managers must monitor awareness and compliance with all aspects of this policy. This includes identification of lone workers, risk assessment, safe and well procedure implementation and attendance at identified training. Compliance should be reported via local Health and Safety Committees.

Lone working adverse event trends will also be monitored by the NHS Lothian Health and Safety Committee to determine what interventions may be required to assist with preventing recurrence.

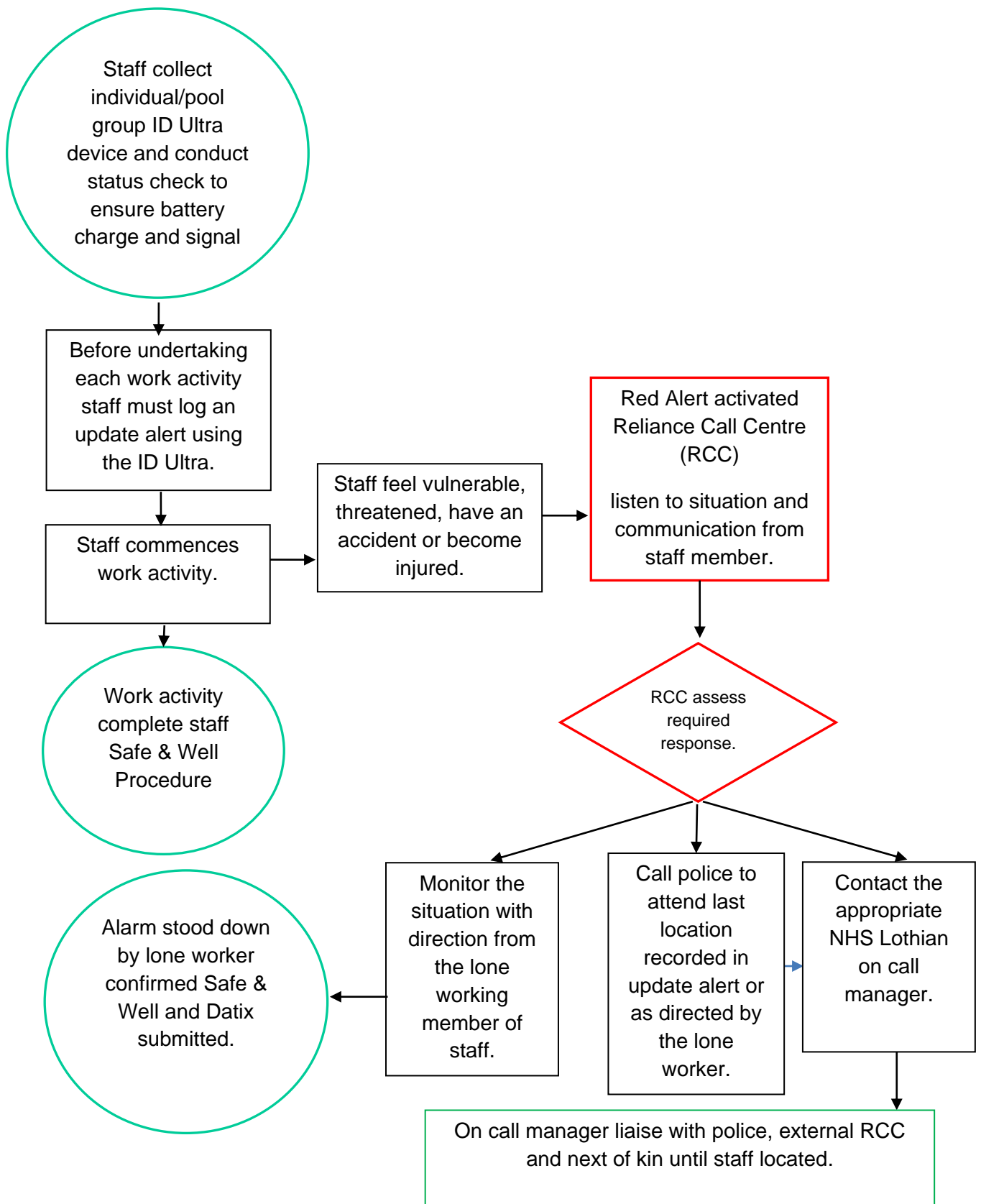
Associated materials/references:

- [NHS Lothian Risk Assessment and Training Needs System, Violence and Aggression and Lone Working Tool \(Purple Pack\)](#), approved by the Chief Nurse for Clinical Education and Training and the Head of Health and Safety, August 2023
- [NHS Lothian Health and Safety Policy](#), approved by Lothian Health Board, April 2021
- [NHS Lothian Adverse Event Management Policy](#), approved by the Policy Approval Group, September 2023
- [Adverse Event Management Procedure](#), approved by the NHS Lothian Executive Medical Director, September 2023
- Protecting Lone Workers: How to Manage the Risks of Working Alone: Health and Safety Executive (2020)
- Working Alone a Health and Safety Guide on lone working for safety representatives, Unison (2009)
- Keeping Safe When Working Alone, The Royal College of Nursing, 2016

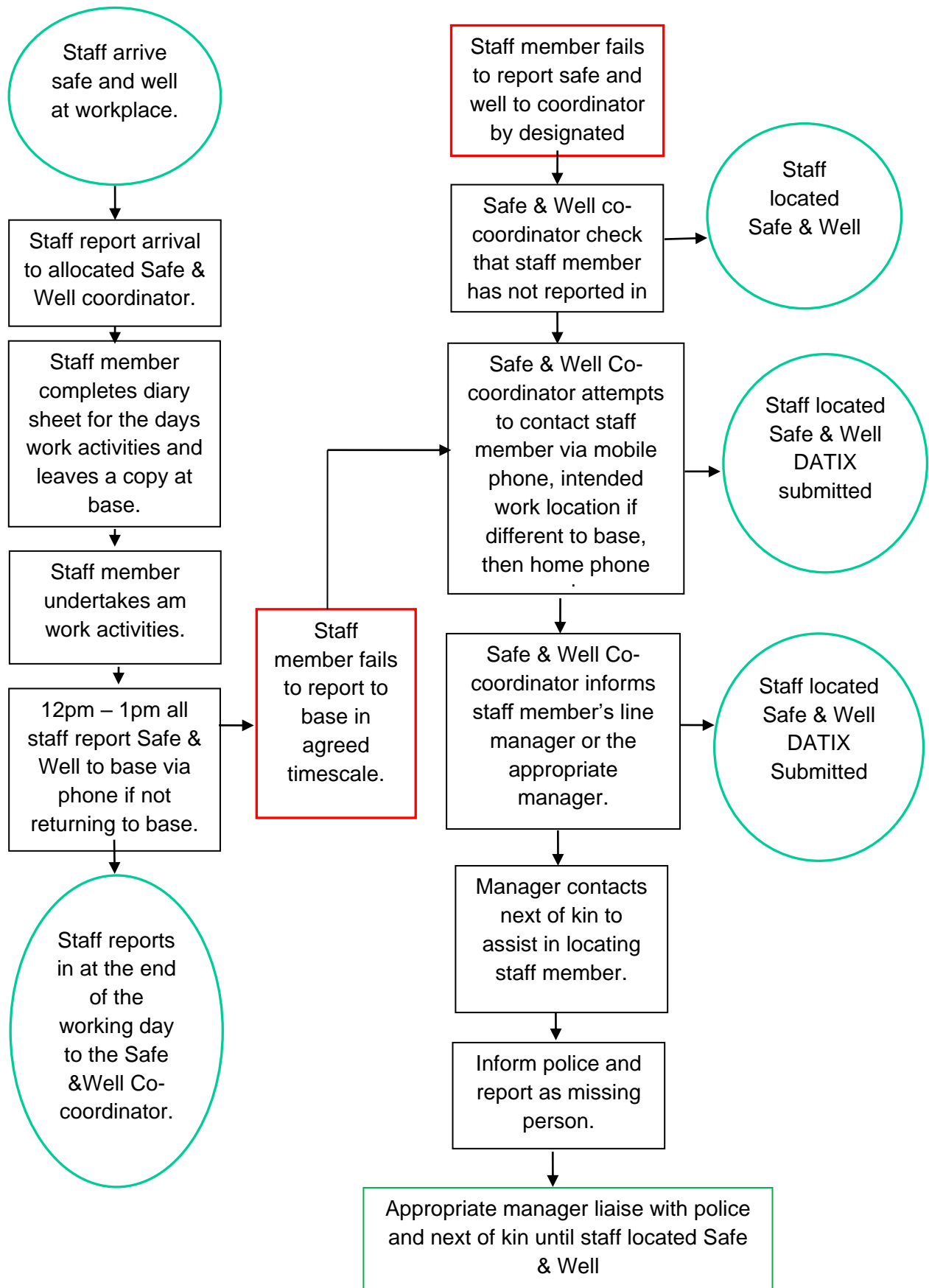
Appendix A: NHS Lothian Category 1 & 2 Safe and Well Procedure

Service/Department:		
1. Lone Worker Identification and Categorisation		
Staff Group(s)	Lone Worker Category(s)	Lone Working Risks
2. Monitoring and Escalation		
Safe and Well Coordinators	Line Manager, Alternative Manager and General Manager for escalation	
<i>Who will undertake this role and when?</i>		
3. Intended Activities, Locations and Timescales Recording		
<i>How is this recorded, when is it recorded, how is it submitted to the S&W Coordinator and how are unexpected changes communicated to the S&W Coordinator?</i>		
4. Staff Information Profile		
Use the staff profile form to document all lone working staff information.		
<i>How will this data be gathered, where will it be stored securely, how will the relevant people access it if required, how will this information be kept up to date?</i>		

Appendix B: Category 1 Lone Working Procedure Flowchart



Appendix C: Category 2 Lone Working Procedure Flowchart



Appendix D: Example of a Category 2 Lone Worker Procedure

Diary Sheet & Safe & Well Record

Date:

Staff Name:

Report in – start working day	Reported in Safe & Well – Yes / No Safe & Well Sign:	
Timescale	Activity	Location (Include Postcode)
12- 1pm Report to S&W Coordinator	Reported in Safe & Well – Yes / No Safe & Well Sign:	
Timescale	Activity	Location (Include Postcode)
Report out – end of working day.	Reported out Safe & Well – Yes / No Safe & Well Sign:	

- Lone working staff operating under category 2 lone worker procedures must complete this sheet and submit it to the Safe and Well Coordinator before commencing the day's work.
- If there are any changes to the planned activities, locations or timescales the lone worker must report these changes back to the Safe and Well Coordinator so that they can be recorded on the diary sheet.

Appendix E: Category 1&2 Lone Working Staff Information and Escalation Contacts

1. Staff Details

Title: _____ Surname: _____

First Name: _____ D.O.B: _____

2. Contact Details

Work Mobile No: _____ Base Phone No: _____

Personal Mobile No: _____ Home Phone No: _____

3. Work Details

Post Title: _____ Department / Service: _____

Normal Working Pattern: _____

Do you ever work outside this pattern? Yes / No

If so provide details: _____

Base Address: _____

Name of Line Manager: _____ Manager Contact No: _____

4. Personal Information

Sex: Male /Female **Hair Colour:** Blonde / Brunette / Black / Grey/ Red

Ethnic Origin: White/ Black African/ Black Caribbean/ Asian Chinese/ Asian/ Asian Indian/ Asian Pakistani/ Bangladeshi - Other _____

Approximate Height: _____

Car /Bike: Make / Model / Colour _____

Registration _____

5. Escalation Contacts

1st Contact: Manager

Name:

Work Mobile No:

Base Phone No:

2nd Contact: Colleague

Name:

Work Mobile No:

Base Phone No:

3rd Contact: Next of Kin

Name:

Relationship:

Work Mobile No:

Home Phone No:

Address:

4th Contact: Police

Phone Number:

It is the responsibility of staff members who are identified as lone workers to complete this information and to keep it regularly updated as changes occur.

This information will be stored securely and only access by the appropriate people in the event that you do not report in safe and well and cannot be located.